VS A15 (4) 15M 10/57

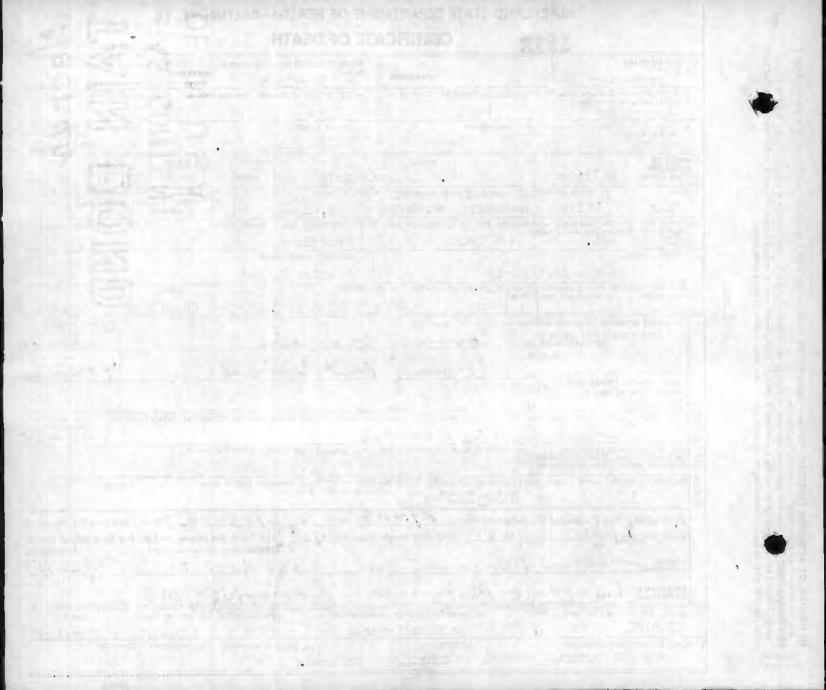
MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
Tt	em]	FilmG239 3-	2-59 et	

01817 Reg. Dist. No.

1813

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Dorchester	o. STATE	RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland Dorchester				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Cambridge	c. LENGTH OF STAY IN 16			URAL and give nearest fown)		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION At home - 506 Washingto		d. STREET ADDRESS 506 Washingto	e. IS RESIDENCE ON A FARM? YES NO RES			
3. NAME OF DECEASED (Type or print) William	Middle F. Ap		DATE Mont	th Day Year 23, 19 59		
s. SEX 6. COLOR OR RACE 7. MARK Male White Widowi		8. DATE OF BIRTH pt 2, 1.880	9. AGE (In years lost birthday) 78 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocey Ret.	Retail	STRY 11. BIRTHPLACE (Slote or fo Maryland	reign country)	US A		
13. FATHER'S NAME George Applegarti	n	Hester Wri				
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. [Yes. no. or unknown] [If yes. give wer or dotes of service)		NFORMANT S William Apple	Addr	en ridge Maryland		
IMMEDIATE CAUSE (6) DUE TO Canditions, if any, which gave rise to immediate couse (6), stoling the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS COUNTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF CAU	Commany Contributing to geath BUT	Hew D we not related to the terminal	DISEASE CONDITION GIV	4 munth EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IT		
3	NJURY OCCURRED 20e. PL	D. (Enter noture of injury in Part I ACE OF INJURY (Home, form, 20, ctory, street, office bldg., etc.)		(County) (State)		
21. I certify that I attended the decease alive on 2/23 19. ACTUAL SIGNATURE CANCELLE MA PHYSICIAN'S LJWPENLE	pump .	occurred at 12 3 9 M M.D. 136	, from the causes a RESS (Street, city or town, Racest.	That I last saw the decease and on the date stated above state) 2/23/50		
220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) Feb 25, 1959		vaeds i		mbridge Maryland		
23. Funeral Director's Signature LeCompte Funeral Service	ADDRESS ce Cambridge	Maryland FEB 2		tran's signature		



FOR STATE HEALTH DEPT.

I

TO DIPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please emmante the certificate, writing the word "pending" in pendit is liem. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board, legith, or its designated agent, prior to buriel, cremation, or removal, and in any great Pakin 72 hours after death.

VS. A15ME 5M 2/57

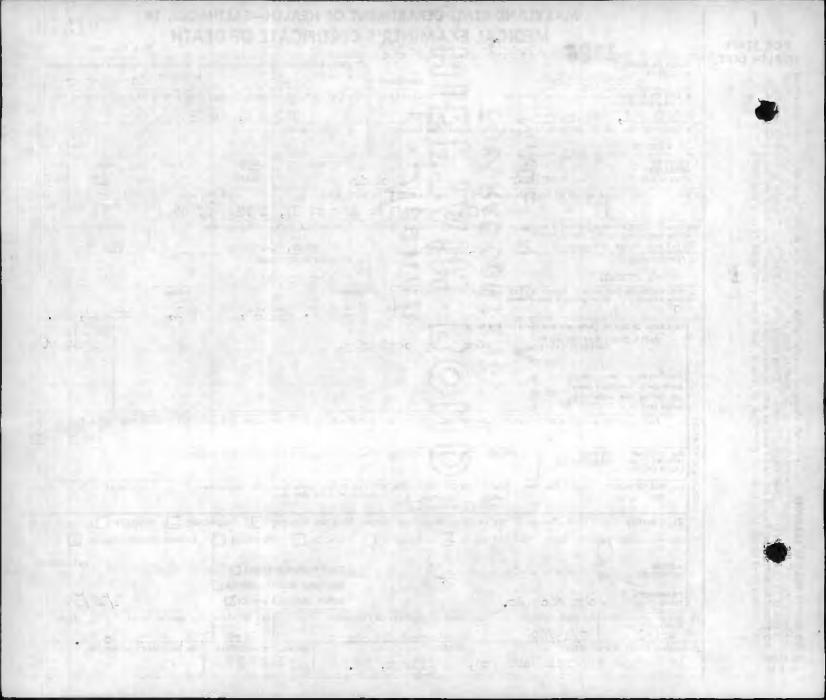
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01819

Reg. Dist. No.

	1060	9							-		W
a. COUNTY	rchester		MARYLAN	O. STATE			b. COUNT				ission)
	f outside corporate limits, write	RUPAL	c. LENGTH OF STAY IN 1		Mary!		orote limits write				own)
and give nearest town	n)		5 years	×	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					ADDRESS	77	Cambridge	3		e. IS R	ESIDONCE
Hom e										ON	A FARM?
3. NAME OF DECEASED (Type or print)	Arth		Middle	ivin	st	4. DATE OF DEATH	Month 2	0	Doy		reor 19'59
5. SEX		-	RIED* NEVER MARRIED		н		9. AGE (In years	IF UNDER		-	ER 24 HRS.
M	W	WIDOW		Augus		1892	B7 66	Management of the same	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of working life, even if refired)	done 10b.	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHP	LACE (State	or foreign co	ountry)	12. CITIZ	ZEN O	F WHAT	COUNTRY
Dining car			Rail Raod	Ott	awa. 0	anada		T	ISA		
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME					
Not kno	wn			No	t know	m .					
15. WAS DECEASED EN	/ER IN U. S. ARMED FO		6. SOCIAL SECURITY NO. 17	. INFORMANT			Address				
no				Hilda :	H. Boi	vin.	RFD # 1.	Cambr	ide	e. N	1d -
	diote couse		o for (a), (b), and (c).] Coronary occ.	Lusion					ONSE	Enst	ATH
PART II, OT PART II, OT PART II, OT PRIMARY or CO CAUSE OF DEATH	USE WAS 20		CONTRIBUTING TO DEATH BU					EN IN PART			AUTOPSY DRMED? NO
20c. TIME OF INJU	IRY Month, Doy, Yes	Wh	(PLACE OF INJURY actory, street, offic			or lows)	(Cou	nty)		(State)
21. 1 certify t		Natural	couses A. Acciden	M.D. CHIEF	-	domicide		Inquir rmined n	· lorend	er 🔲	nd in my
	ON, 225. DATE THEREC		Parkwood C				ION (City, town, o		Co 1	(Stot	le)
23. FUNERAL DIRECTO			ADDRESS		-	BY REGISTI	tar 245, REGIS	TRAR'S SIG	NATUE	RE	
Le Compte	Funeral S	erv i	ce, Cambridge	, Md.	DATE FE	EB 17'5	o9 a	rilling 8.	tha	u.A.	



67

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
104.	CERTIFICATE	OF DEATH	

01820

1814	OEK III IO	ALE OF PERMIT	R	eg. Dist. No.
1. PLACE OF DEATH c. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Who	re deceased lived. If institution: b. PUTChe	
b. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURA	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION Cambridge Martland	l 3 Days r oddress) Iosp.	d. STREET ADDRESS	• • •	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Brazilla	Middle G	Bramble	4. DATE Month OF DEATH Feb	Doy Year 19 59
5. SEX 6. COLOR OR RACE 7. MAI Male White WIDOV		Feb 16, 1877		UNDER I YEAR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired) Waterman	Seafood	ISTRY 11. BIRTHPLACE (Stote of Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY U.S. A
13. FATHER'S NAME George Bramble		Mary Mary Mary Mary Mary Mary Mary Mary	ame adre	
Eyes on as unknownt . Ill are own up on dates of services		informant Mrs B G Bramb:	Le Bishops He	ead Maryland
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoling the under-lying couse lost. (c) DUE TO	Hyperley	Hemanh	D	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO X
	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	ort I ar Part II of item 18.]	
To Hour o. m. While		LACE OF INJURY (Home, form, sciery, street, affice bldg., etc.		(County) (State)
21. I certify that I attended the deced alive on 2-12-, 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	• 70)			hat I last saw the decease I on the date stated abov DATE SIGNI
220. BURIAL, CREMATION. 22b. DATE THEREOF Feb 19, 1959	Dorchester		22d. LOCATION (City, town, or c Cambridge Ma	ounty) (Stole) aryland

Maryland

240. REC'D BY REGISTRAR

DATE EB 2 4 '59

24b. REGISTRAR'S SIGNATURE

athun & Heres

VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service Cambridge

e. IS RESIDENCE ON A FARM?

Day

12. CITIZEN OF WHAT COUNTRY?

Days

YES NO NO

Year

1959

	14. MOTHER'S MAIDEN N			
w.	cora	Trader		
16. SOCIAL SECURITY NO. 1	7. INFORMANT		Address	- 0
	Ecotern THO	restate	1407216	ac.
r line for (a), (b), and (c).	,	1		TERVAL BETWEEN
Broncito	spreumos	nia.	O	OUR DEATH
	orecerosis			
Denceri	tia Praeco.	x, catat	onie.	rutral yeu
	BUT NOT RELATED TO THE TERMI			
DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in F	Part I or Part II of item 18	i)	
f. INJURY OCCURRED 20e. iile Not white work 01 work	PLACE OF INJURY (Home, form factory, street, office bldg., etc.		(Count	y) (Stole)
	12621 1950, to Feath occurred at 12:20			
1		DDBEEC /Cleans albeans	maria statut	DATE CICALED
Virkuti:	5			1
22c. NAME OF CEMETER		22d. LOCATION (City, to		(State)
EVERGA	LGGN	BERUIN		MDS
ADDRESS Sulu	DATE DATE	BOY REGISTRAR 24b.	REGISTRAR'S SIGNAT	URE aud

certificate has been signed hed for use as the burial-transit ar attending physician TO FUNERAL DIRECT VS A15 [4] 15M 9/55

TO HOSPITAL

20c. TIME OF INJURY Month,

o. m

ACTUAL

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

p. m

21. I certify that I attended the dece

220. BURIAL, CREMATION, 22b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

Day, Year

200

WI ol

	A STATE OF THE STA	
100		
100		

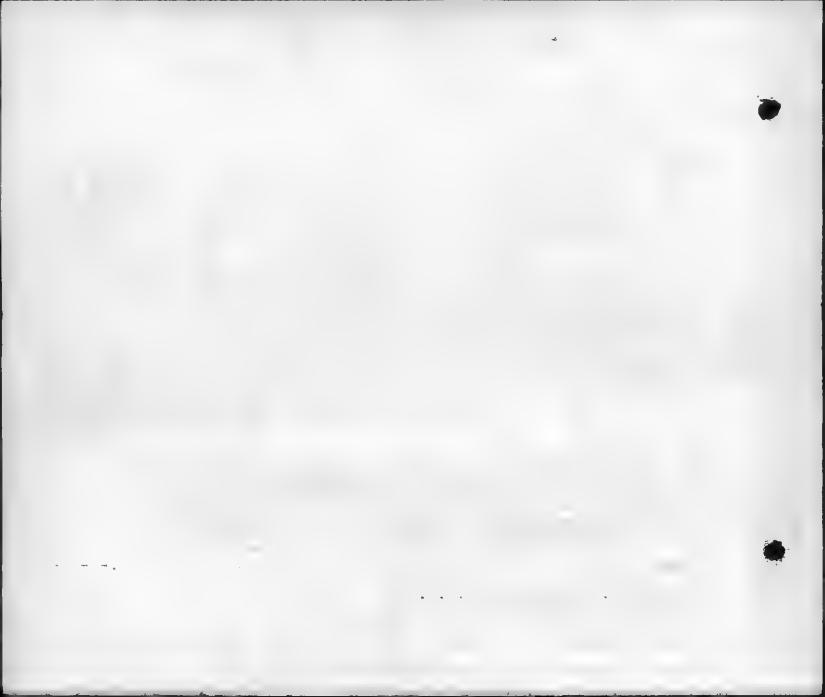
TO HOSHIAL OR ATTENDING PNYSICIAN: The lam requires that the death certificate by executed within 24 Haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function, page 3 should be fisched for use as the burial-transit permit. Then please remove carbon pagers? Rages 1 and 2 that he filled with the registrar prior to burial, cremotian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

	MARTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 16
L	1828 CERTIFICATE OF DEATH Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY O. STATE 2. USUAL RESIDENCE (Whee deceased lived. It institution: Residence before admission) O. STATE D. COUNTY
1	b. CITY ON TOWN of outside corporate limits, write c. LENGTH OF STAY IN/16 c. CITY ON TOWN of outside forparate limits, write RURAL and give negrest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION O. STREET ADDRESS O. STREET ADDRESS O. A FARM2 YES NO
3.	NAME OF DECEASED PLANT Day YEAR OF DEATH Day YEAR 1959
8.	SET 6. COLOR OR LACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTY 9. AGE (In yours IFUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED DIVORCED 1/21/1909 Yes.
10	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BATTREVACE (Stole or foreign country) 12. ETTZEN OF WHAT COUNTRY during most of working life, even if retired)
13.	FATHER'S NAME CONTROL ON THE STATE OF THE ST
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17/INFORMANY (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17/INFORMANY (Orkeas) Address Add
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmorary Edona ONSET AND DEATH 10 min
	Conditions, if ony, which) (b) Chrome Cardiae Decompondation 4 yes
	gave rise to immediate couse (a), storing the under- lying couse lost. OUE TO Correspond Orlery Selevasion 8 yes
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO FE
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED Value of work all
	21. I certify that I offended the deceosed from 8/5 1942 to 2/27, 192 1 that I last saw the deceosed
	alive on
	SIGNATURE Jack Dum MD. Viente Nager 8/2/59
	PHYSICIAN'S Die H. B. Plummer Treston Mc
E	PRINCIPAL CREMATION, 226 DATE THEREOF 22 NAME OF CEMESTRY OR CREMATORY A 220 TOCATION COUNTY OWN, OF COUNTY (Specific) 3/2/59 CAST NEW MARKET OAST NEW MARKET
3	envient director's signature abovess Morket Mon REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE.

11-140 B 21

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
1815 CERTIFICATE OF DEATH	0.1823 Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY DOVERS TO MARYLAND B CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) ANG FIRST C. LENGTH OF STAY IN 1b CANG FIRST C. LENGTH C. LENGTH OF STAY IN 1b CANG FIRST C. LENGTH	chosler
d. NAME OF HOSPITAL (If not in hospital, give street address) CAMBRIDGE MA. HOSPITAL d. STREET ADDRESS 133 PINE 8	e IS RESIDENCE ON A FARM? YES ON NO 12
3 NAME OF DECEASED (Type or print) / 1 Groun F	Day Year // 1959 UNDER 1 YEAR IF UNDER 24 HRS.
NFC vo WIDOWED DIVORCED Sept. 15 1876 S2 yrs. A 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) and of working life, even if retired)	Annths Days Hours Min. 12 CITIZEN OF WHAT COUNTRY 4 S A
13. FATHER'S NAME SOLAN COVALISH 14. MOTHER'S MAIDEN NAME SOLBULLA LAWS. 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY.	AMLY HO JEMO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic heart disease DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	(Caunty) (State)
21. I certify that I attended the deceased from August 1958, to February 11959, to alive on February 11, 1959, and that death occurred at	on the date stated above DATE SIGNED
PHYSICIAN'S J. Edwin Fassett, M.D.	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Town, or or REMOVAL (Specify) 1 - 14 - 1939 Buttle Carne Company 22d LOCATION (City, Town, or or REMOVAL Specify) 2 - 14 - 1939 Buttle Carne Company 22d LOCATION (City, Town, or or REMOVAL Specify) 2 - 14 - 1939 Buttle Carne Company 22d LOCATION (City, Town, or or REMOVAL Specify) 2 - 14 - 1939 Buttle Carne Company 22d LOCATION (City, Town, or	e Nid,
The state of the s	AR'S SIGNATURE 7 S. Haus
	1. PLACE OF DEATH C. COUNTY D. PLA



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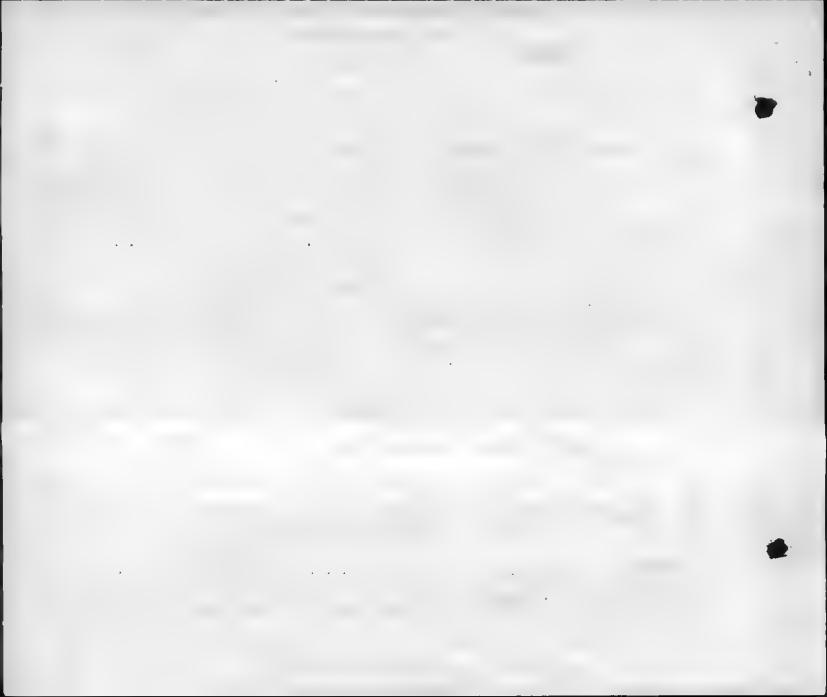
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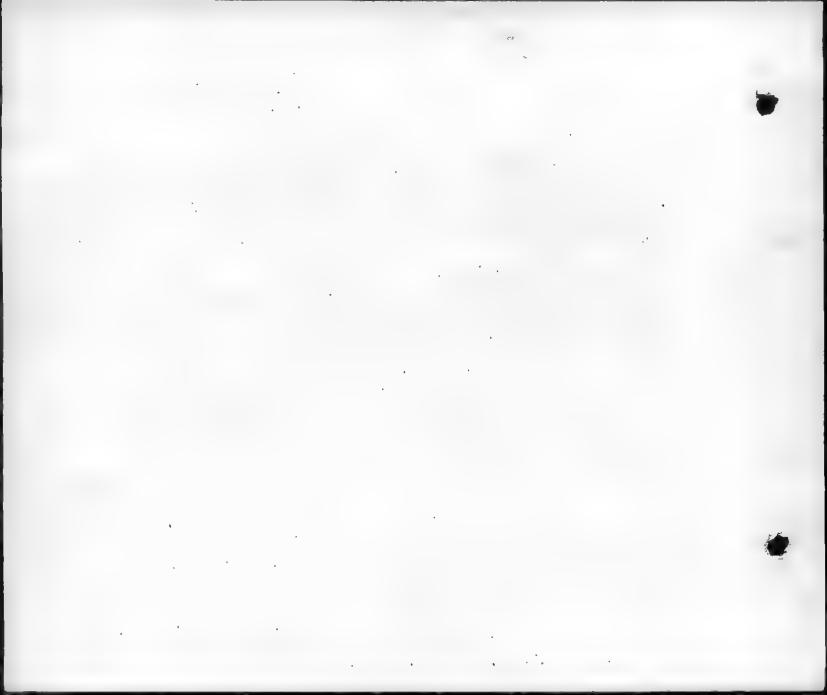
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MARYLAND STATE DEPARTM	NENT OF HEALTH—BALTIMORE, 18
1830 CERTIFICA	ATE OF DEATH Reg. Dist. No.
PLACE OF DEATH OCCHESTER. MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission), a. STATE MAZY LAND COUNTY CHESIERTOWN.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress)	C CITY OR TOWN (If-oftside corporate limits, write RURAL and give nearest town) CHESTERTOWN, d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION Eastern SHOLE ST. Hospital	
NAME OF DECEASED (Type or print) #NHH LOWISE	Death February 20 1959.
SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost b sthdoy) Months Days Hours Min
during most of working life, even if retired) WY K NOWN.	STRY IV BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? W, S, H,
JOHN CONNELLY.	14 MOTHER'S MAIDEN NAME AVIS.
WAS DECEASED EVER IN U. S. ARMED FORCES? Is, no or unknown) (If yes, give wor or dotes of service)	Eastern Stroke State Hospital.
TO CALLE OF BEATH IS	I I I I I I I I I I I I I I I I I I I

	RURAL and are negrest town) Cambridge. From 3/30/58. CHESTERTOWN. 12
	d. NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION EASTERN SHOLE ST. HOSPITAL, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	NAME OF DECEASED (Type or print) First LOUISE DILL, DATE OF DEATH FEBRUARY 20 1959.
S	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost b ribdoy) Months Days Hours Min
100	USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1V BIRTHPLACE (Stote or foreign country) UN KNOWN. 12. CITIZEN OF WHAT COUNTRY? CARY Cary. U, S, H,
13.	JOHN CONNELLY. 14 MOTHER'S MAIDENNAME LAVIS.
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT BUSINESS GIVEN WORD OF SERVICE; 16. SOCIAL SECURITY NO EASTERN SHORE STUTE HOSPITAL.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY BLONCHOONEUMONIA. ONSET AND DEATH SACRYS. 4.50.0 DUE TO Conditions, if any, which) ORNEY CALIZE OF CITEZIONELEZOSIS SEVERAL YZ
7	gave rise to immediate couse (a), stating the under-lying couse lost.
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART 1(b) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONTRIBUTION G VEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONTRIBUTION G VEN IN PART 1 (c) 19 WAS AUTOPSY PERFORMED? YES NO SIGNIFICANT CONTRIBUTION G VEN IN PART 1 (c) 19 WAS AUTOPSY PERFORMED?
MEDICAL CE	County C
	21. I certify that I attended the deceased fram 3,30 , 1958 to FEBL. 20, 1959, that I last saw the deceased alive an Fibl. 20 , 1959, and that death accurred at 6.30.P. M, fram the causes and an the date stated above. ACTUAL SIGNATURE SINCON VILKULY. M.D. EASTERNSHORE STHIF HOSPITHL 2, 20,59.
	PHYSICIAN'S SIMON VIRKUTIS.
	O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (Cy. town, or county) 27d LOCATION (Cy. town, or county) 22d LOCATIO
23.	Le Compte Funeval Home md Date 1240. REC'D BY REGISTRAR'S SIGNATURE DATE FEB 2 4'59



1 -	4		Items .514_filescard 3=16=59 et 01826
9			1816 CERTIFICATE OF DEATH Rog. Dist. No.
age		L į	LACE OF DEATH COUNTY COUNTY
F 5 5		_	Dorchester MARYIZHO Talbot
deat	V		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ofter the f	1 00		I. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE
by ad 2	()		(ombridge Hospital 1/3 Higgins YES NOD
24 hc			NAME OF Lost Cost Lost Annihi Day Year OF DEATH Q / A 19.50
thin fill		-	EX. / 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
od wi		17	emale 66 WIDOWED - DIVORCED 1893 Months Days Hours Min.
cam cam pape	1	10	USUAL OCCUPATION (Give kind of work done 105, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
and bon er de	120		Chool teacher Ketired Indryland W.S.H.
ate be ician ar e carbo s offer			Unknown Unknown
phys phys smav hour		15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no, or unknown) (If yes, give war or dates of service)
th ce ding ase re in 72		H	Ins, Illen socken, Loub Del
deo offen plex with			18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)
the of Then vent			11.20. DUE TO
s tha d by nit.			Conditions, if any, which) the Careanne trest was (interiord note use t
quire ignec pern jn o			gove rise to immediate out to DUE TO
ician.		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
phys phys ial-tr ial-tr	1	CATIO	PERFORMED? YES NO
ding ding ate h bur		CERTIFICATION	20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18)
ICIA office of the office of the office offi			
HYS I or or use o		MEDICAL	Hour a. m. 19 19 20d. INJURY OCCURRED 20d. INJURY (State) 20e. PLACE OF INJURY (Hame, farm, i 20f. (City or town) (County) (State) 4 4 4 4 4 4 4 4 4
NG P spita ter th I for I, cre		-	21. I certify that I attended the deceased from 200 1, 1950, to FM 10, 1994, that I last saw the deceased
Africal Arrival			alive on 12 10, and that death accurred at M, from the causes and an the date stated above
Dy Street			ADDRESS (Street, city or town, stote) DATE SIGNED
OR ined DIRE	i		SIGNATURE M.D. M.D.
RAL shau	- 1	Ш	PHYSICIAN'S J. Edwin Fassett, M.D. Cant 200 M.
moy be FUNE page 3		220	BUTIAL, CREMATION, 22b. DATE THEREOF 22a-NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stoly)
5 5 g 4		23.	Syrial 2-14-59 Accided Im Easter Ma. Pulseral Director's Signature 1 1 00 ADDRESS 1 240. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55		1	ames Blackell, Caton, M. d. DATER 1 5'59
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RURAL one give negotial few only control of the con				ICATE OF DEATH Reg. Dist. No.
B CITY OR TOWN (If outside corporals limits, write RURAL and give enserted bown) Cambridge 15 yrs Cambridge A NAME OF HOSPITAL (If not in hospital, give sitems oddiess) OR INSTITUTION Cambridge A NAME OF HOSPITAL (If not in hospital, give sitems oddiess) OR INSTITUTION Cambridge A NAME OF HOSPITAL (If not in hospital, give sitems oddiess) OR INSTITUTION Cambridge A STEET ADDRESS OR INSTITUTION Mandle OR INSTITUTION A STEET ADDRESS OR INSTITUTION OR INSTIT		1.		o. STATE b. COUNTY _
d NAME OF POSTRAL IF not in hospital, give sirear orderes) Cambridge—Maryland Hospital Middle Lost Abre of Poecessod (Pyeor or pini) Miley Middle Lost Abate of Birth Month Doy Devanth Feb. 15. S. SEX A. COLOR OR RACE MODWED MODWED MODWED MODIFIED DIVORCED JULY 1. DATE OF BIRTH Month Doy Mophis Doy Mophi			CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
3. NAME OF DECEASED IN THE PROPERTY OF THE PRO	67		d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o IS RESIDENCE ON A FARM?
S. SEK G. COLOR OR RACE T. MARRED NEVER MARRIED B. DATE OF BIRTH S. SEX NEVER NARRIED NEVER MARRIED B. DATE OF BIRTH NEGRO NEVER MARRIED NEVER MARRIED B. DATE OF BIRTH NEVER MARRIED NEVER MARR		3.	NAME OF First Middle	
Naie Negro Divorce Divorce July + 1904 54 74 6 11		-	(Type or print) Wiley	Floyd PEATH Feb. 15, 1959
100 USUAL OCCUPATION (Give kind of work done using most of working life, even if refired) 105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	1)	5.		B. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
13. FATHER'S NAME		100	during most of working life, even if refired)	INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c).] 19. PART I. DEATH WAS CAUSE BY 10. DUE TO 10. Conditions, if any, which gove rise to immediate costs (o), starting lost. 10. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS PERFORM TO START WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS PERFORM TO START WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS PERFORM TO START WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CAUSE OF DEATH 10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS PERFORM TO START WAS UNDERLYING OR CAUSE OF DEATH 19. OTHER OF INJURY Month, Day, Year 20a. ACIDENT WAS UNDERLYING OR ON THE WA		13.		
Countribution Country				Elizabeth Johns
IB. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSES [b]			s. no. or unknown) (If yes, give war or dates of service)	
DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the under- lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) PART II. OTHER SIGNIFICANT CONTRIBUTION GOVERNOON OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GOVERNOON OF CONTRIBUTION OF CONTRIBUT				INTERVAL BETWEEN ONSET AND DEATH
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21. I certify that I attended the deceased from Feb 4, 1957, to Feb 15, 1957, that I last saw the alive on Feb 14, 1957, and that death accurred at 7:00 pm, from the causes and an the date state accurred at 7:00 pm, from the causes		CERTIFI	200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Port I or Port II of item 18.)
21. I certify that I attended the deceased from Feb 4, 1957, to Feb 15, 1957, that I last saw the alive on Feb 14, 1957, and that death accurred at 7:00 pm, from the causes and an the date state accurred at 7:00 pm, from the causes and accurred at 7:00 pm, from the causes accurred at 7:00 pm, from the causes and from the causes accurred at 7:00 pm, from the causes accurr		EDICAL	Hour a.m. While Not while	De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.)
alive on 14. 19.57, and that death accurred at 7:00/1-M, fram the causes and an the date state adoptess (Street, city or toyn, state) ACTUAL SIGNATURE ALLOW H. WILSON, M.D. AUGUST AND ALLOW A		>	p. m	t, 1957, to Feb 15, 1957, that I last saw the decease
ACTUAL SIGNATURE State of the Wilson, M.D. (Quibridge, Md. 2/1) PHYSICIAN'S HILTON H. WILSON, M.D. 220 BURGAL (Type) 220 DATE THEREOF (Sto NAME OF CEMETERY OR CREMATORY) PEMOVAL (Specify) 226. DATE THEREOF (Sto NAME OF CEMETERY OR CREMATORY)			alive on Feb 14, 1957, and that d	eath accurred at 7:00/1 M, from the causes and on the date stated above
NAME (Type) F7 // O/ / / O/ / O/ O/ O/ O/ O/ O/ O/ O/				// ADDRESS (Singlet, City or lown, state) DATE SIGNE
2FMOVA1 (Specify)	,		SIGNATURE Helton H. Wilson,	M.D. Cambridge, Md 2/18/53
	/		PHYSICIAN'S REILLAND HE SALLED	_MD. Cambridge, hd 2/18/17
23. FUNTERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE FFR 2 4 59	/	720	PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Typ	M.D. Combridge, Md. 2/18/17 N, M.D. ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 1000

01828

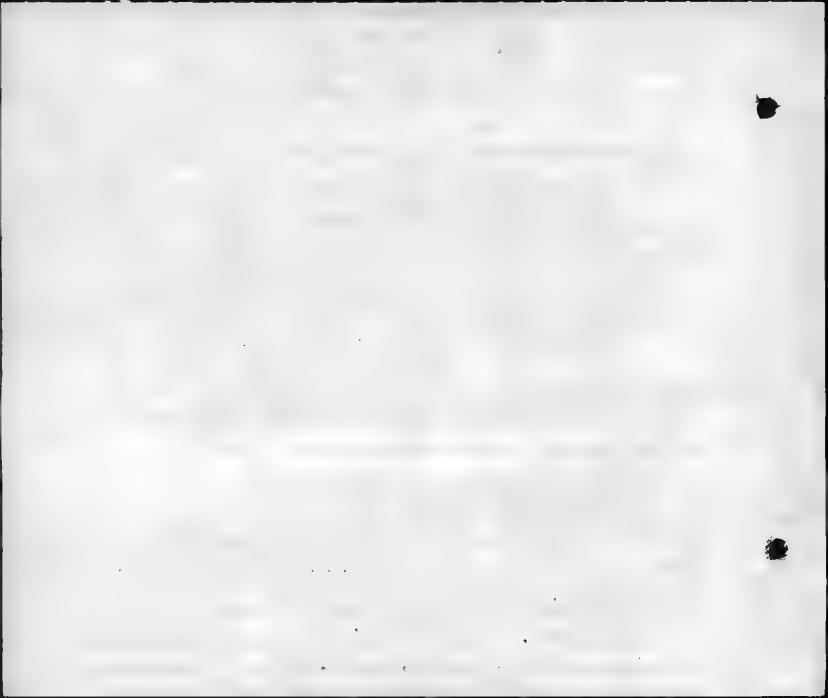
1041				Reg. D	ist. No.
o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (W		If institution, Reside	
b. CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town) rural Cambridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	ills, write RURAL ond	give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS	1	1	e. IS RESIDENCE
Eastern Shore State Hospi	tal	2 P A P	35COW		YES NO 🗵
3. NAME OF DECEASED (Type or print)	Middle (JOLE:	4. DATE OF DEATH	F.E. S	Day Year 12- 195 9
S. SEX 6. COLOR OR RACE 7. MARR WIDOWS	NED NEVER MARRIED	8. DATE OF BIRTH	885 7	E (In years IF UNDER birthday) Months	R 1 YEAR IF UNDER 24 HRS Days Hours Min
USUAL OCCUPATION (Give kind of work done 10b. during meet of working live, even if retired) WIOLESALE UTOCEY	Grocey	STRY 11. BIRTHPLACE [Stole		12. CI	TIZEN OF WHAT COUNTR
3. FATHER'S NAME Charles Gora		Emma Rob			
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		INFORMANT astern Shore S		Address oital recol	rds
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse tast.	enerah		oscLe		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTIONS OF					PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of i	em 18.)	
20c, TIME OF INJURY Manth, Day, Year 20d, It Haur a. m. 19 While at worl	Nat while fa	ACE OF INJURY (Home, form clary, street, office bldg., etc	n, 20f. (City or tow	'n) ((State
ACTUAL SIGNATURE PHYSICIAN'S Thomas I Decides	24, and that death	occurred at 3.30	P.M., from the ADDRESS (Street, ci	causes and on t ty or town, state)	last saw the decease the date stated above DATE SIGN d. 2-12-5
NAME (Type) THOMAS U. D. TEUGE 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22 NAME OF CEMETERY OF COMETERY OF	R CREMATORY	22d. LOCATION (C	ity, tawn, ar caunty)	(State)
Rurial 2/15/59	ADDRESS		D BY REGISTRAR	ridge Mar	ryland
Le Compte FuneralS ervice	Cambridge, M			240. REGISTRAR 3 31	

funeral director. TE BORITAL OR ATTENDED FHYEIRIAN: The low requires that the death merificate be exemuted within 24 hours after death. Page 4 ■ay be retained by the haspital ■ attending physician.

TO FUNERAL DIREC? After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be hed far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauthe registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

1:

VS A1S (4) 15M 9/5S



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01829

1832 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1	1. PLACE OF DEATH DOTCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Cambridge /3/ /3/ // // // // // // //	c. CITY OR TOWN (If outside corporate ling)s, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Eastern Shore State Hospital	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	3 NAME OF DECEASED (Type or print) Wilder Sent Middle	Lost 4. DATE Month Doy Year PEATH 7 8 1959
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. Hours Mi
	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU dring most of working life, even if retired) 11. FATHER'S NAME 13. FATHER'S NAME	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
		NFORMANT Address
	- If the state of	stern Shore State Hospital records
	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)] Conditions, if any, which gove rise to immediate DUE TO	TETIOSCLE MOSIS INTERVAL BETWEEN ONSET AND DEATH
o	lying couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to form the p. m. 19 of work of work 19	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased from Table 1 alive an Feb 2 , 1957 , and that death	1953, to Fub S 1955, that I last saw the deceased occurred at 2:50 FM, from the causes and an the date stated above.
,	ACTUAL SIGNATURE COMMANDE I Dredge II Dredge III	M.D. S Cate / to Shitai Cambridge DATE SIGNED
	220. BUBIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OF PERSONAL (Sporty)	lighis Menty Guidletier Mandand
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	DATES 1 59 Command & House

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion.

TO FUNERAL DIRECT

After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be applied for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS ATS [4] TSM 9/55

ral director, e filed with



TO MOSFITH OR ATTENDING FITYRICIAN: The fow moving that the demit certificate be executed within 24 hours ofter Beath Page 4 VS A15 (4) 15M 10/57

	400	OEK	HIFICA	IL OF DEA	AIFI		Reg. Dis	t. No.			
1. PLACE OF DEATH o. COUNTY Dorcheste	er .	M	ARYLAND	o. SIATE Maryland	da .		hester		admission)		
B CITY OR TOWN (If or RURAL and give neare R F D # 3 Ca	ulside corporole limits, w est town) Ambridge	rile c. LENGTH OF ST	TAY IN 16	Cambric	_	orporale limits, write	RURAL and g	ive nearet	st town)		
d. NAME OF HOSPITAL OR INSTITUTION				RFD#	<u> </u>				IS RESIDENCE ON A FARM? (ES NO)		
3. NAME OF DECEASED (Type or print)	_{first} oseph	H _{enry}	śdłe	James	4. DAT OF DEA		inth	Doy	Year 19 5 9		
25 -		MARRIED NEVER MA	_ ;	DATE OF BIRTH	000	9. AGE (In years last byrthday)			UNDER 24 HRS		
Male	(G've kind of work done	14.0	RCED		1873 State or foreign	in country)			WHAT COUNTRY?		
during most of working Farmer	life, even if retired)	Own Farm		Marylar				SA			
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME						
Jo	ohn W James			Mary	Ann Pr	ritchard					
15. WAS DECEASED EVER IN	N. U. S. ARMED FORCES? es, give wor or dates of service		NO. 17. IN	FORMANT		Ade	dress				
No		None		iss Clara .	James	Cambr	idge	Mqr	yland		
PART I DEATH	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY HEART DISEASE INTERVAL BETWEEN ONSET AND DEATH										
420.1	420. DUE TO										
gave rise to immediate											
lying couse lost.	couse (o), staling the under DUE TO lying couse lost. (c)										
PART II. OTHER PART II. OTHER 20a. ACCIDENT WAS E OR CONTRIBUTING DI (IF EITHER, NOTIFY ME		BRONCHO PN			ERMINAL DIS	EASE CONDITION GI	VEN IN PART		WAS AUTOPSY PERFORMED? ES NO		
	INDERLYING [] 206 CAUSE OF DEATH DICAL EXAMINER)	. DESCRIBE HOW INJUR	Y OCCURRED.	, (Enter noture of injur	y in Port I or	Port (I of item 18.)					
20c. TIME OF INJURY Haur e. m.		10d. INJURY OCCURRED While Not while It work at work	20e. PLA	CE OF INJURY (Home, pry, street, office bldg.	form, 20f. (City or town)	(C	ounty)	(State)		
	I attended the de	70	-13-52	, 19, ta_	2-1/-	59 10 4	2.2		d I		
alive an 2=				accurred at4:5			,rnar i i: ond an th	ast saw e date	the deceased		
ACTUAL SIGNATURE	brit K	ninker	,	o 200 Mar	ADDRESS	(Street, city or town			DATE SIGNED		
PHYSICIAN'S A	lbert E. Bu	nker, M. D.		Cambrid	ge, Ma	ryland					
220 BUR AL, CREMATION, REMOVAL (Specify) Burial	226. DATE THEREOF Feb 17	22c. NAME OF C	EMETERY OR	···-		CATION (City, Iown, Easton		vlan	(Slote)		
23. FUNERAL DIRECTOR'S S LeCompte Fun	IGNATURE	ADDRESS			REC'D BY REC	SISTRAR 24b, REG	ISTRAR'S SIG				



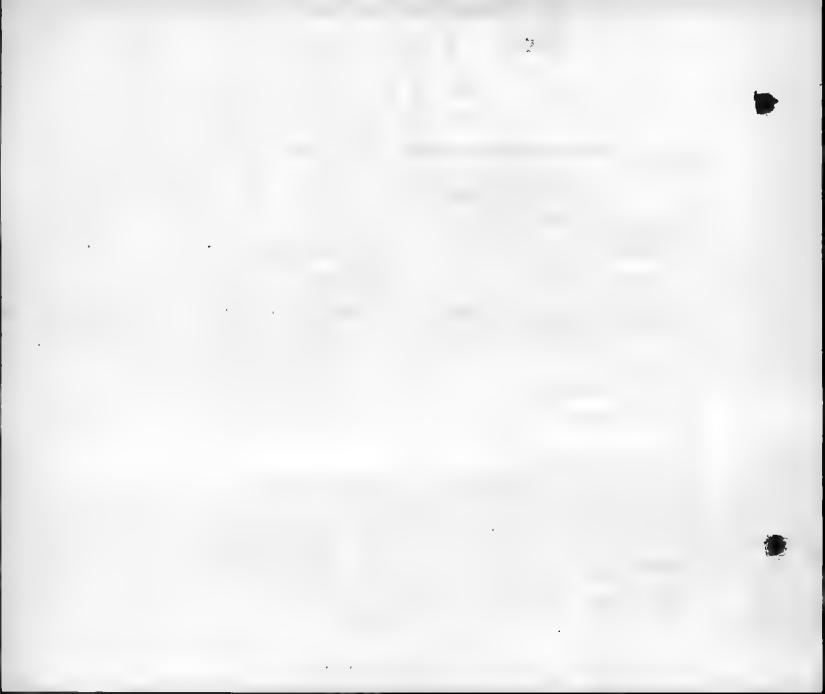
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

L		181	3	CERTIF	ICAI	E OF DEAL	Н		Reg. Dis	t. No.	10	- L
1.	PLACE OF DEATH				- 11	USUAL RESIDENCE (Where decease			e before o	odmissia	in)
L	D	orchester		MARYL	AND	Mary	land	b. COUNTY	Dorch	ester	•	
	b. CITY OR TOWN (If RURAL and give ne	outside corporate lim	ils, write	c. LENGTH OF STAY IN	ч 16	c CITY OR TOWN (I	f outside carpo	orote fimits, write R	URAL and g	ive negres	t town)	
	C	ambridge		40 years	- 1	3 Cambr	idge					
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, o	give street	oddress)		d STREET ADDRESS					S RESID	
		mbridge-Ma	ryla	nd Mospital		9 Nig	h Stree	et				NO EX
	NAME OF DECEASED	Fa	rst	Middle		Lost	4. DATE OF	Mon	th	Day	Ye	or
-	(Type or print)	Harla		Goldsboro		Johnson	DEATH	Feb.14,			19	
5.	SEX	6. COLOR OR RACE		HED NEVER MARRIED	_	DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER		UNDER	24 HRS Min
	Male	White	WIDOW		- 1 L	ec.12,1900		58 yrs		0093	0015	790 191
100	during most of worki	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	le or foreign c	ountry)	12. CITI	ZEN OF Y	VHAT C	OUNTRY
	nsurance P	roker				Toddvill		Co.		U.S.		
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
		ough Johns				Augusta	Robins					
	WAS DECEASED EVER	IN U. S. ARMED FOR I yes, give wor or doles of s		SOCIAL SECURITY NO.	17 INFO	RMANT		Add	ress			
-	No				Mrs.	Katherine	C. John	ison, 9 E	igh S	t.,Ca	mbr	idge,
				for (o), (b), and (c).]		/ .				INTERV.	AL BETY	VEEN
	*	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	IRRHOS	15	LIVER	2			30	de	45-
	81.0	DUE TO									4	/
	Conditions, if on gove rise to im	mediale						···				
	couse (o), stating t											
Z	lying couse lost.) (c	DITIONIC (COLUMN TO DE LE	(A Dark) to	T Della Ser de Valence				1 1 1 1		
CERTIFICATION	ACH	A E -/	DITIONS C	CONTRIBUTING TO DEAT	H ROI NO	I RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	P	ERFORA	MED?
19	200. ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY OCC	URRED (6	inter noture of injury in	Part I or Por	t II of item 18.)		YE	3 KI	но 🗌
CERT	OR CONTRIBUTING	CAUSE OF DEATH	,		,							
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yes	or 20d. It	NJURY OCCURRED 2	De. PLACE	OF INJURY (Home, fo	rm, 20f (City	or town)	(C	ounty)		(Stote)
MEDI	Hour e.m.	19	While of work	Not while	foctory	, street, office bldg., e	tc.)		,-			14 -1
	21. I certify the	stended the	deceas	ed from 1/10		1959 10	2/14	19 57	that I l	net com	the d	000000
	alive an	2/14	. 19		eath oc	curred at 6 . 00	PM from	n the causes o				
	-61	-/2		7		THE CLIPPED E.		reel, city or town,		e dole :		E SIGNED
	SIGNATURE	-117	(-2	uks	M.D	104	40	CUST	SI		2/16	5/-
	PHYSICIAN'S	111	1			1%					-4-7	734
	NAME (Type)	X. H.+	TA	UKS		CAL	IBR	1)65	MA	RYL	A	50
22a	BURIAL, CREMATION REMOVAL (Specify)			22c NAME OF CEMET			22d. LOCAT	TION (City, town, o	or county)		(Stote)	
_	Burial	Feb.17,	1959	Greenlawn	Cemet	ery		ridge, Md.				
	FUNERAL DIRECTOR'S	SIGNATURE OF	45	ADDRESS		24g. RE	C'D BY REGIST	RAR 24b. REGIS	TRAP'S SIG	NATURE	A	
1	alimell	WIT OU	ルー	uco. com	had 20	m M.J DATE	FEB 18	29	1 2			



VS A15 (4) 15M 9/55 1%

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1834 CERTIFICATE OF DEATH

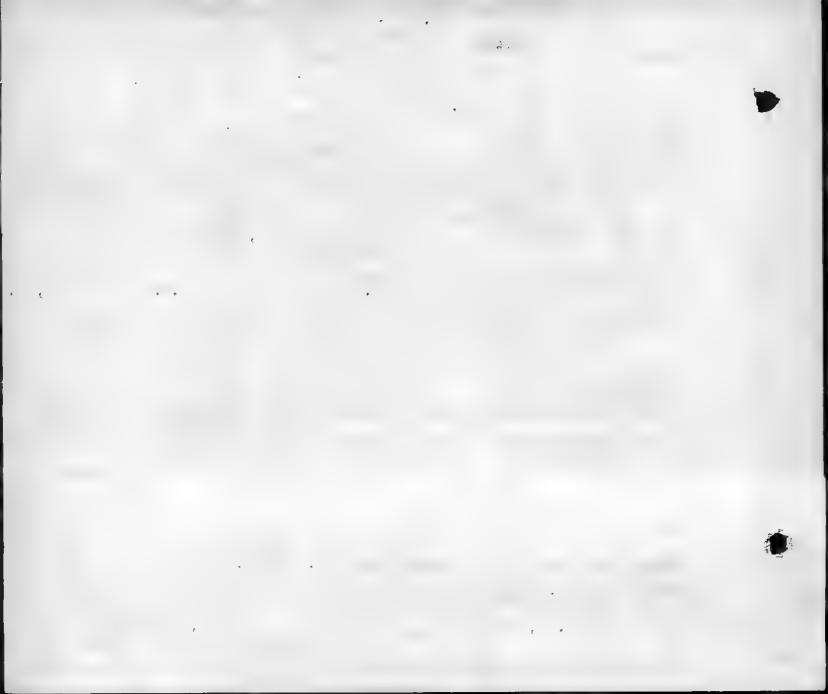
01833 Reg. Dist. No.

1. PLACE OF DEATH d. COUNTY Dorchester MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution: Residence of STATE Maryl and County.	e before admission)				
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If guyfigle carporate limits, write RURAL and g	ive nearest fown)				
rural Cambridge 3744.	104E 1/1/(S. 17x	DUE Mills 17x.				
d NAME OF HOSPITAL (If not in hounted give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?				
Eastern Shore State Hospital		YES NO 🗵				
3. NAME OF DECEASED (Type or print) /- ATTIE	Loud 4. DATE Month OF DEATH Month	Day Year				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years light birthday) Months	YEAR IF UNDER 24 HRS Days Hours Min.				
WIDOWED DIVORCED	70910,1899 59 m					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND) OF BUSINESS OR INDUduring most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CITI	ZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
grorge Miles	Carrie Mobo.					
19ar as of minutes and	NFORMANT Address					
NO NO NONE E	astern Shore State Hospital refor	rds				
1B CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	The second second	INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C 5 50 50 50 50 50 50 50 50 50 50 50 50 5	hromboss	UNK				
LL = O. / DUE TO	,					
Conditions, if any, which } (b)						
gove rise to immediate casse (a), stating the under DUE TO						
lying cause lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 200 CAUSE OF DEATH 200 (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19 WAS AUTOPSY PERFORMED? YES NO K				
	D. (Enter nature of injury in Port I or Port II of Item 18.)					
	ACE OF INJURY (Home, farm, 20f. (City or town) (C ctary, street, affice bldg., etc.)	ounty) (State)				
Haur a. m. While Not while of wark at work	Surprised States Surprised					
21. I certify that I attended the deceased from Jew 1	, 1953, to Fob 27, 1959, that II	ast saw the deceased				
	a accurred at 5350 M, from the causes and an th					
Augustinist No. 200	ADDRESS (Street, city or town, state)	DATE SIGNED				
SIGNATURE JOHN J. Dietge	M.O. E. S.S. Hospital, Cambridge, ric	1. 2-27-59				
PHYSICIAN'S Thomas J. Dredge						
220 BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY C		(Stole)				
23/ PUNERAL DIRECTOR'S SIGNATURE ADDRESS	Maura 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE				



death.

ISM 9/SS



VS A15 (4) 15M 10/57

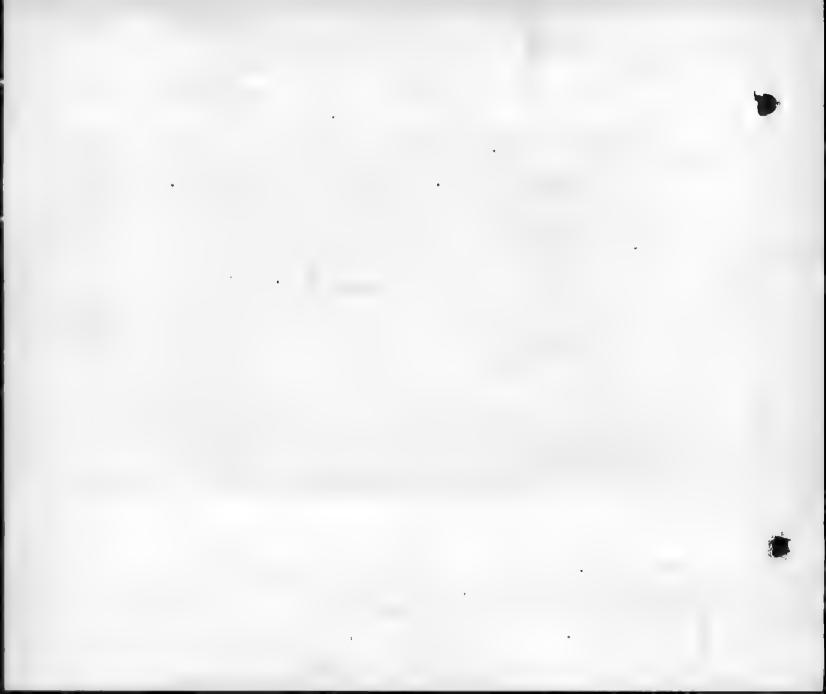
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1010

Rea Dist No.

/ .					Keg. Dist.	No.						
	1, PLACE OF DEATH b. COUNTY		2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. STATE 5. COUNTY									
ŀ	Dorchester	MARKANI	Maryland Drochester									
	b CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Cambridge	2 Weeks	Cambridge									
	d. NAME OF HOSPITAL (If not in hospital, give struck of INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?						
Į.	<u>Cambridge Maryland Hos</u>	p.	Pleasant Str	eet		YES NO						
	3. NAME OF First DECEASED (Type or print) Hawter	Middle	Lasi	OF	onih	Day Year						
ŀ	Trait A G A		redith	DEATH Feb		1559						
Ц	N. C.		B. DATE OF BIRTH	9. AGE (in year last birthday)	Months Do	EAR IF UNDER 24 HE						
ŀ		OWED 國共 DIVORCED []		out 183 m	\$							
ı	10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)		TRY 11. BIRTHPLACE (State of	or foreign country]	12 CITIZEI	N OF WHAT COUNT						
-	Waterman 13 FATHER'S NAME	Seafood	Maryland	5.44F	U	SA						
			14. MOTHER'S MAIDEN N	AME								
-	Lambert Meredith 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	14 COSINI SECURITY NO. 117 IN	Hester J.	Meredith	N							
	[Yet. 70. or unknown] [If yes, give wor or dates of service]				ldress							
1	No		lrs Edgar Cusi	ck Cambri	dge Ma	ryland						
ı	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Irelia 3 day											
1	DUE TO											
1	Conditions, if ony, which) the	Elevis Eler.	otic Lang	Black.	,	V						
1	gove rise to immediate DUE TO											
1	lying cause lost. (c)											
ı												
1	Part II. OTHER SIGNIFICANT CONDITION Character. Note 1 200 ACCIDENT WAS UNDERLYING 206. L OR CONTRIBUTING CAUSE OF DEATH If FITHER, NOTIFY MEDICAL EXAMINER.		PERFORMED?									
1	200 ACCIDENT WAS UNDERLYING 206.	ESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Pi	art I or Part II of item 18.)								
- 1		,										
			CE OF INJURY (Home, farm,	20f. (City or town)	(Cour	nty) (Stat						
	Hour o.m. 19 of the p.m.	ile Not while at work A at work	lory, street, office bldg., etc.)									
ı	21. I certify that I attended the dece	eased from 1/20	1959 ta	2/9 10/	that I last	saw the decea						
	alive on 72/2 8	2. 9 , and that death	7 (2)	M. from the couses								
	On all de	alive an ADDRESS (Street, city or Jown, state) DATE SIGNED										
	SIGNATURE Oller Of June M.D. 200 Maryland AVE, 2,											
	PHYSICIAN'S Albert E. Bunker; M. D. Cambridge, Maryland											
F	220 BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or county)	(State)						
	Burial Feb. 11 L95	9 Zion Church	Cem.	Toddville	Marvla	nd						
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			SISTRAR'S SIGNA							
	LeCompte Funeral Service	e Cambridge	Marry Landbaffe R	1 1 59 0	hin 7 12	* A						



VS A15 (4) 15M 9/S5 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1836 CERTIFICATE OF DEATH

								14	eg. Dist, 14	10.
1. PLACE OF DEATH			44.00	VI 4440	2 USUAL RESID	DENCE (Who	era deceased live	If institution.	Residence be	fare admission)
	Dorchest	70.00		YLAND		Marv	and		Dorch	ester
b. CITY OR TOWN (If RURAL and give no	outside corporate limits,	write c	LENGTH OF STAY	1N 16	c. CITY OR 1	OWN (If ou	itside corporate l	imits, write RUR/	AL and give n	rearest town)
Linas			Life		X	Linas	s Road			
d. NAME OF HOSPITA	AL (If not in haspital, give	street ad			d. STREET A		rivao			e. IS RESIDENCE
OR INSTITUTION					7					ON A FARM? YES NO R
3. NAME OF DECEASED	First		Middle	3	Los	t	4. DATE	Manth		Day Year
(Type or print)	Willia	m	Stang	0	Moloc	k	OF DEATH	Feb	. 1	0. 1959
5. SEX	6. COLOR OR RACE 7				B. DATE OF BIRTH		9. A	GE (In years IF		AR IF UNDER 24 HRS.
75070		IDOWED			D F	400	la	st birthday) M	ionths Days	Hours Min
Male	N (Give kind of work dan		<u> </u>	1-2-3	Dec 7	189		0 .	10 0(7)7514	OF WHAT COUNTRY
during most af wark	ing life, even if retired)							,	12. CITIZEN	OF WHAT COUNTRY
Labor	er	Ec	ood Pack	ing	Dore	heste	er Co.	Md.	U	SA
3. FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME '			
	Ned Mo	lock	2				Annie	Brown		
S. WAS DECEASED EVER	IN U. S. ARMED FORCE	7 16. SC	DCIAL SECURITY NO). 17, IN	IFORMANT			Address		
[Yes, eo, or unknown]	Type. give wor or doles of serve		0-02-030		dvin M	olock	c, Lin	as Roa	d, Md	•
	TH [Enter only one cause	per line	far (a), (b), and (c)	-]					IN	ITERVAL BETWEEN NSET AND DEATH
PART I. DEAT	H WAS CAUSED BY:	Ca	rdiac De	ecom	pensat:	ion			01	MOET AND DEATH
420,0	DUE TO									
Conditions, if ony, which) (b) Arteriosclerotic heart disease										
gave rise to in	mediate	HI.	COLTORC.	TO 1.0	CTC TIE	err. o o	TSOASO			
cadse (a), stating t										
lying cause lost.) (c)_									
PART II. OTH PART II. OTH PART III. OTH OR CONTRIBUTING OR CONTRIBUTING	ER SIGNIFICANT CONDIT	10N\$ <u>CO</u>	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE COI	NDITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
E 20a ACCIDENT WA	S UNDERLYING [] 20	b DESCR	IBE HOW INJURY C	CCURRED	. (Enter nature o	f injury in P	art 1 or Part II of	item 18.)		1
	MEDICAL EXAMINER)				,					
	Manth, Day, Year		URY OCCURRED		CE OF INJURY (I			iwn)	(Caunt	y) (State)
Ö Hour o.m. ≨ p.m.	19	While of work [Nat while at wark	100	any, arrowing orrico	biog., etc.)				
"			I.C. Jon	1107131	٠ ,	7. Re	hanany	10.50		saw the decease
	at I attended the d									
alive an <u>Fet</u>	ruary 10	4827	, and that	t death	occurred at					ate stated abave
	V.1 M	+					DORESS (Street,			DATE SIGNE
ACTUAL SIGNATURE	ITA MALLI	14		A	A.D. 227	Pine	St-Cam	bridge	, Md .	2-13-
9	/ "									
PHYSICIAN'S J	Edwin Fa	sset	t,M.D.							
220. BURIAL, CREMATION	V. 226. DATE THEREOF		22c. NAME OF CEM	ETERY OF	CREMATORY		22d. LOCATION	(City town or a	ountyl	/State
REMOVAL (Specify)										(State)
Burial	12/15/195	2		Road	Cemet			ester		
23. FUNERAL DIRECTORS	SIGNATURE	()	ADDRESS				BY REGISTRAR	24b. REGISTR	AR'S SIGNAT	URE
Middle XXII	(XX XXX	+13	- Camb	ridg	e, l.d.	DATEEB	1 6 '59	42 1	T. S. Teal	ı.A.



		1850		CERTIF	ICA	TE OF I	DEATH	1		Reg. Dist. I	Na.
	ACE OF DEATH COUNTY					2. USUAL RESI	DENCE (Who	ere deceased	lived. If institut		efore admission)
	Dore	chester		MARYL	AND		íarvla	nd	B. COUNTY	Talbot	t.
b.	CITY OR TOWN (IF RURAL and give ned	outside corporate lim	its, write	c. LENGTH OF STAY I	и 16				ate limits, write f		
	Cambr			3 months	,	FI.	ston		F (5)	72.22	
d.		U. (If nat in hospital, s	give street	oddress)		d. STREET A					e. IS RESIDENCE
		Nursing				Call a	lsboro	S.A.			ON A FARM?
3 N/	AME OF		rst	Middle		Los		4. DATE	Mor	4	Day Year
DE	CEASED ype or print)	LITTI	TAME			-	,	OF DEATH		3.0	
5. SE				NEAL	. — 10	. DATE OF BIRT	м		Feb.	I 9	AR IF UNDER 24 HRS
V. J.C.		O. COLOR OR RACE	1	NEVER MARRIED		. DATE OF BIRT	п		9. AGE (In years last birthday)	Months Day	
	ale	white	WIDOW		_ 1	Oct. 28			66 yrs.		
10g. I	USUAL OCCUPATION Juring most of worki	N (Give kind of work ng life, even if retired	done 10b. I)	KIND OF BUSINESS OR	INDUST	rry 11. Birthpi	ACE (State of	or foreign co	uniry)	12. CITIZEN	OF WHAT COUNT
	uto mechai					Maryl	land			U.	S.
13. FA	THER'S NAME					14. MOTHER'S	MAIDEN N	AME			
	Wm. H. Ne	eal				Ar	nna Vi	rginia	Winter	bottom	
15. W	AS DECEASED EVER	IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17, IN	FORMANT				ress	
(Yes, c	o, or unknown) (II	I yes, give wor or dates of a	ervice) 2.2	20-32-0217	Mı	rs. W. 1	r Nes	1 1	laston, l	she famely	1
	CANCE OF BEAT					^					
1		H LEnter only one co	suse per li	ne for (o), (b), and (c)				—			NTERVAL BETWEEN
		IMMEDIATE CAUSE (c	<u>, </u>	aremon	~4	0	12/	un			2 400
	104X	DUE TO)								
	Conditions, if an		.1								
	gove rise to im	mediate (
	couse (o), stating th lying couse lost.	ne <u>Under-</u>	-1								
z F	PART II. OTHE	ER SIGNIFICANT CON	DITIONS (ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	VAI DISEASE	CONDITION GIV	VEN IN PART 110	1 19 WAS AUTOPSY
Ĕ			_				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE DIDENSE	COMPINE OF	EL GALAKT 16	PERFORMED?
CERTIFICATION	O- ACCIDENT WAS	T SHANGERIAN	20h DEC	Chine How willing oc	CLIDATA	45					YES NO I
E S	R CONTRIBUTING	UNDERLYING A	ZVD. DEŞ	CRIBE HOW INJURY OC	LUKKEU.	. (Enter nature o	it injury in P	ort I or Part	II of slem (B.)		
		AEDICAL EXAMINER)									
MEDICAL	C. TIME OF INJURY Hour Q. 31.	Month, Day, Ye			Oe. PLA	CE OF INJURY (ory, street, office	Home, form,	20f. (City	or town)	(Coun	ty) (Stote
ME	p. m.	19	While of wor	k at work		,,,	o blogi, cic.,				
2	1 I cortifie the	at I attended the	deceas	ed from 12	///	1017	- 10	2//9	10	The Line	and the decay
	live on	2-116	10				1 12 0	D			saw the deceas
1	itive oil		, !Z,	Z, and mar d	jearn (accurred at					date stated abo
	CTUAL /		·	A			121	73 (311	eet, city or town.	нотеј	2/14/F
5	IGNATURE	annous	(/ /	companie	<u></u> M	.D. ,	/ 7 4	118	(6) /7		-1 2013
	HYSICIAN'S	7 10 C 10 Av.		14 2 2 2	A	. Ma . N	/	Can	1 . 1.		1
	IAME (Type)	SWICK	(e	Marya	NO	MID		- 9 W	bri NG	c, Mc	
220. 8	BURIAL, CREMATION	, 226. DATE THEREC		22c. NAME OF CEMET				22d. LOCATI	ON (City, town,	or county)	(Stote)
1	SUPTAL (Specify)	Feb. 21,19	959	Spring Hil	1 Ce	emetery		East	on, Mary	rland	
23. F	HERAL DIRECTOR'S	SIGNATURE OF	Son	ADDRESSaton	, Mc	ì.	24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIGNA	TURE

DATE FEB 2 5 '59

Civing & France

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

10 FULLIAM UNINCE

After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be had for use as the burial-transit permit. Then please remove carban papers—Rages 1 and 2 shat the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1837 CERTIFICATE OF DEATH

0.1838 Reg. Dist. No.

		AACE OF DEATH D. COUNTY Dorchester MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY
	ŀ	c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	r	ural Cambridge	- ristiched 1939.2
	•	S. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS) e. IS RESIDENCE ON A FARM?
		Eastern Shore State Hospital	CALVARY KD YES NO D
	(NAME OF First Middle DECEASED Type or print)	Last 4. DATE Month Day Year OF DEATH FE & 23 1959
)	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Nov 27/6 3 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Nov 27/6 3 Non-this Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WERCHANT GROCIERY	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		ALEX T. NELSON	ISABELLE STERLING
		DD of unknown) . (If was one was or date of service)	NFORMANT Address
	(,,,,	NO NONE E.	astern Shore State Hospital records
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	TITE FIOSCLETOSIS ONSET AND DEATH
		DUE TO	
		Conditions if any which)	
		gove rise to immediate (
	-	Lying cause last.	
	z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3	5	TAM II. OTHER SIGNATURE CONDITIONS CONTRIBUTION TO DESIGN OF	PERFORMED?
	FIC	70- ACCIDENT WAS UNDERLYING TO 201 DESCRIPT HOW INDIRE OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)
	1 CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (chief solute of injury in roll) of roll if of them (6.)
	WEDICAL	t-	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	ME	Hour a. m. p. m. 19 While Not while at work	
		21. I certify that I attended the deceased from July	2-0, 1956, to 1-9-6-23, 1950, that I last saw the deceased
			occurred at 3.33M, from the causes and on the date stated above.
			ADDRESS (Street, city or town, state) DATE SIGNED
		ACTUAL SIGNATURE LOTTE J. D. LELEZ	M.D. E.S.S. Hospital, Cambridge, Md. 2-23-5
1		PHYSICIAN'S Thomas J. Dredge	
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	7
		JURIAL 2-24-29 HSBURYC	EMETORY CRISFIELD (VID.
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	F	312HOSHAW & SONS, CRISFIELD,	MO DATE DE LEG
			Land of the state



FOR STATE HEALTH DEPT.

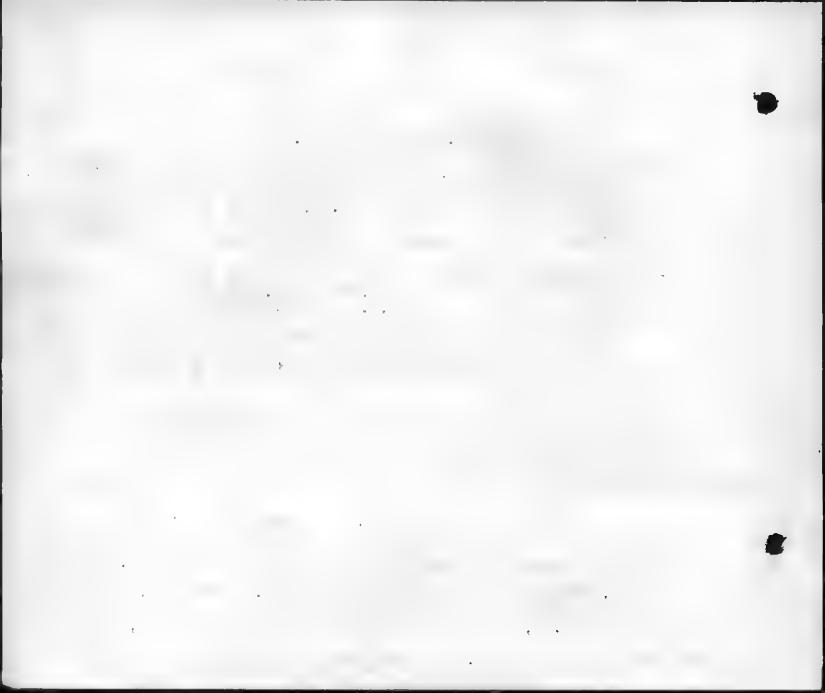
Floge Files.

	ō	d to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for you		ľ.	Z
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	1	3	THE STATE OF	70	
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	execute the certificity, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director	0	und .	or its designated agent, prior to burial, cremotian, ar removal, and in any event within 72 hours after death.	
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	9	ž	1	O.	
	000	20	5	<u>60</u>	
	X	*	bl-	20	
			10		
	A	161	TO FUNERAL DIRECTOR: Page 3 should be used as a buriolitansity permit. File pages 1 and 2 with the State Boodd		
j	u s	101	71E		
	- 4 2		-		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	, 18	ハワハウト
MEDICAL EXAMINER'S CERTIFICATE OF DEATH		03075

				La constant de la con	Keg. Dist. 140.	
Dorchester	2000	MARYLAND	2. USUAL RESIDENCE o. STAMATYLA	(Where deceased lived. If instind		
b. CITY OR TOWN [II of ond give neares) fewer]	pulside corporate fimits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN Sewards	(If autside corporate limits, writ	e RURAL end give ne	crest fawn)
d. NAME OF HOSPITA	L OR INSTITUTION (If not in I	nospila!, give street address)	d STREET ADDRESS			IS RESIDENCE ON A FARM? YES NO BY
3. NAME OF DECEASED (Type or print)	Fint James	Middle No	rth	4. DATE Mon	th Doy	Year 19 59
5. SEX Male	White WIDOV	RIED NEVER MARRIED 8	August 15,	1882 9 AGE (In your fort brithday) 76 yrs	Manths Days	IF UNDER 24 HRS Hours Min,
during most of working Waterman 13. FATHER'S NAME	lite, even it refired)	. KIND OF BUSINESS OR INDUST	Mary Lon	d	US A	WHAT COUNTRY
	R IN U. S. ARMED FORCES?			ia Robbins	" Maryland	
Canditians, if on gave rise to immedial, stating the vicouse test.	y, which (b) (b) DUE TO (c)	rdiomegally a			VEN IN PART I(a) 19.	WAS AUTOPSY PERFORMED?
PART B. OTHER 200. EXTERNAL CAUSE PRIMARY OF CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour B. m. p. m.	Y Manth Day, Year 29d	IBE HOW INJURY OCCURRED (E. I. INJURY OCCURRED ZOE PLACE FOCKE ALL WORK ALL	nter nature of injury in Po E OF INJURY (Hame, to ry, street, office bldg, et	rm. 20f. (City or town)	(County)	(Slote)
actual	esulted from: Natural	Too NAME OF CEMETERY OR	, Suicide , M.D. CHIEF MEDICAL I ASSISTANT MEDICAL DEPUTY MEDICAL	Homicide . Under	ermined manner	DATE SIGNED
23. FUNERAL DIRECTOR'S		ADDRESS	rylahd		Marylan ISTRAR'S SIGNATURE	-10





FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the ward "pending" in pendi is them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for ver files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board ealth, or removal, and in any event-within 72 hours after death.

VS. A15ME 5M 2/57

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1822 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01840

Reg. Dist. No.

	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
	O. COUNTY Dorchester MARYLAND	° STATE Maryland b COUNTY Dorchester
1	b CITY OR TOWN (it outside corporate limits, write RURAL ond give regreat lowe)	c. CITY OR TOWN (If autside carporate I mits, write RURAL and give nearest tawn)
4	Cambridge, Md. 1 Hr.	X Linkwood
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS PECIDEN :
	Cambridge, Maryland Hospital	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Louise Thompson Pir	der lost 4. DATE Month Day Year OF DEATH Feb. 2, 19 59
	5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8 Female Negro WIDOWED 1 DIVORCED 1	April, 12, 1913 9. AGE IIn years IF UNDER 1YEAR IF UNDER 24 FIRS. April, 12, 1913 1011 blinhood Manths Days Hours Min.
	10a, USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUST during most of working life, even if refired) Laborer	
\setminus	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
/	Lewis Thompson	Ollie Wilson
	the state of the s	IFORMANT Address
1	No Mc	onroe Pinder Linkwood, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL SETAFEN ONSET ALAD DEAT 4
-	PART I. DEATH WAS CAUSED BY: Cerebral vascul	
	Z / X DUE TO	
1	Conditions, if any, which) (b)	
	gave rise to immediate cause ((a), stating the underlying DUE TO	
ı	couse last. (c)	
,	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEDS.
	S	YES NO TO
	GAUSE OF DEATH.	nter nature of injury in Fort I or Fart II of Hem 18)
	20c. TIME OF INJURY Manth. Doy, Year 20d INJURY OCCURRED 20c. PLAC factor	CE OF INJURY (Home, farm, 20f (City or tawn) (Caunty) (State) (State)
	21. I certify that I took charge of the remains described abor	ve, held an Autopsy 🔲, Inspection 🔼, Inquiry 🔲, and in my
	opinion death resulted from: Natural causes 1, Accident	, Suicide , Homicide , Undetermined manner
	ACTUAL SIGNATURE July 222	M D. CHIEF MEDICAL EXAMINER DATE SIGNED
,	EXAMINER'S Dr. John Mace Jr.	ASSISTANT MEDICAL EXAMINER 1 2/6/59
	270 BURIAL CREMATION. 226. DATE THEREOF 220. NAME OF CEMETERY OR REMOVAL (Specify)	
	Burial 2/3/39 Duck cown de	
	23 FUNERAL DIRECTOR'S SIGNATURE Herbert St. Clair Cambridge, Md.	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
	TOT DOLD DOLD ALLE AND A WAR	DATE FEB 1 3 '59 C T A & KNAUA



OF DEATH		Reg. Dist.		- L
JAL RESIDENCE (Who	ere deceased lived. If institute	on: Residence l	efore admissi	on)
est when	b. COUNTY,	Some	r 5 mg	4
	utside corporate limits, write R			1
*	13	1.3	C* 63	•
STREET ADDRESS	DS THILE	17	.^ · √.	DC-1CE
21KEEL ADDKE22				FARM?
Last	4. DATE Mon	th	Day Y	egr
rK	OF DEATH	•		959
OF BIRTH	9. AGE (in years	IF UNDER 1 Y		
t 7 18	82 To yra.	Months Do		Min
BIRTHPLACE (Stote	or foreign country)	12 CITIZE	N OF WHAT	COUNTRY?
mary	land	1 1	SA	
OTHER'S MAIDEN N	AME			
Mary	Kuark			
ANT	Addi	ett		
rn Shore S	State Hospital	record	is	
		1	INTERVAL BEI	DEATH
e umo	nla.		unt	
				-
LATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 16	19. WAS A	UTOPSY
			PERFO	NO 🖂
	art I or Part II of item 18.)		1 10 11	HOE!
noture of injury in r	anti or rare it or item 10.)			
INJURY IHome, form, eet, office bldg., etc.	20f. (City or town)	(Cour	nty)	(Stote)
eer, write brug., erc.				
10 =	n L 7 50			
1951, to		_thot I los		
red ot 13:401	M, from the couses o	nd on the	date stote	d above.
	ADDRESS (Street, city or lown,			TE SIGNED
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in in the delication of	12257107		4-4-4	
n Shore 31	ato Hospitol.	Jan- mi		1
ATORY	22d. LOCATION (City, Iown, o	of County)	(Stote	
-	n D	12.	- L-1	en
nelen	Near France		- 111	
24d. REC'E	EEB 4 A LEA	STRAR'S SIGNA		
741	CEB 1 3 59	Linkhum 1	4	

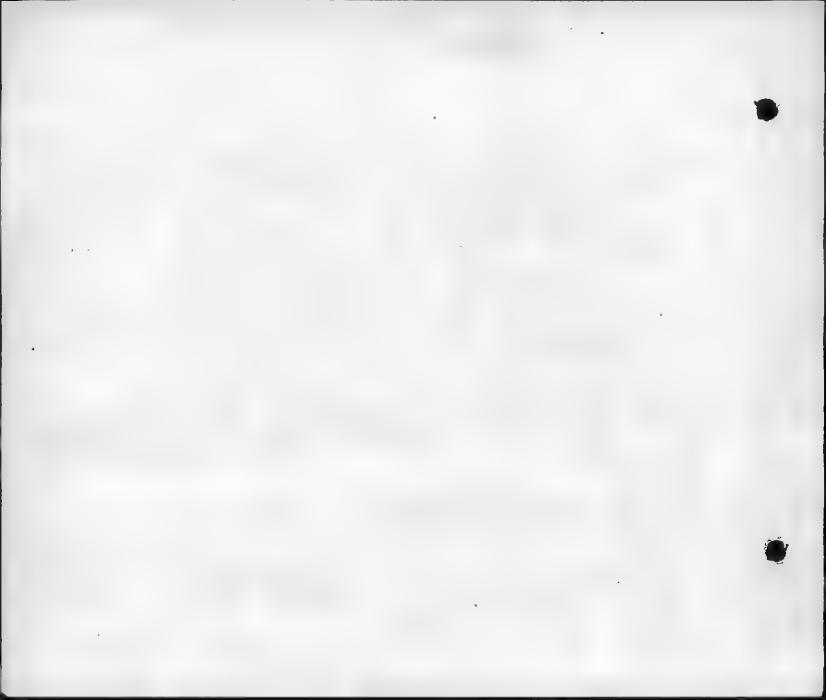
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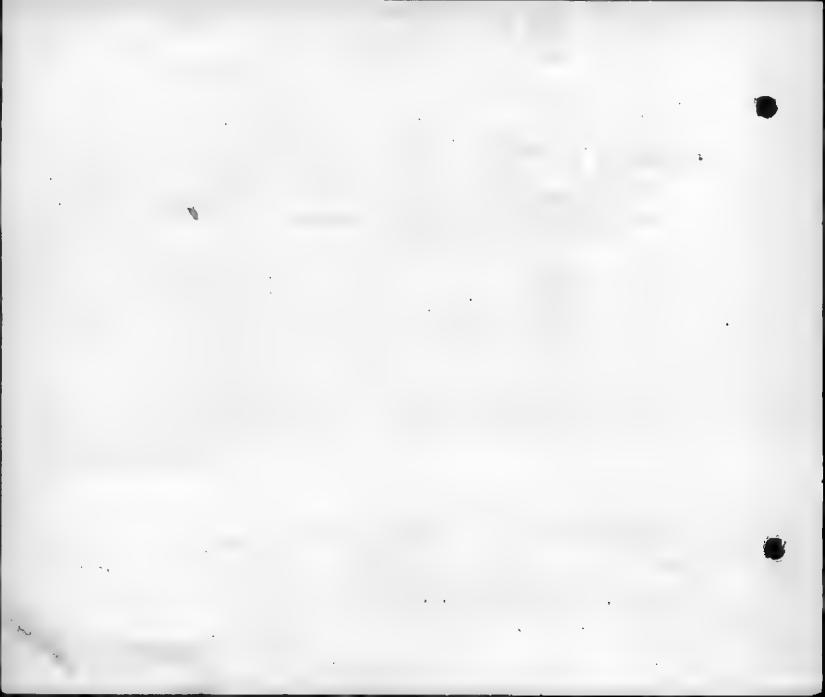


death.





	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	03082
~	CERTIFICATE OF DEATH	ist. No.
	1. PLACE OF DEATH O. COUNTY OVChesler Maryland 2. USUAL RESIDENCE (Where decemed lyed. If institution Reside O. COUNTY) OVChesler O. COUNTY O. COUNTY	nce before admission)
	CITY OR TOWN (If outside corporate limits, write pural ond give nearest lown) RURAL and Give nearest lown) RURAL and CANIGUAGE RURAL	give nearest town)
67	CANIGORIA NICE IN NICE AND HOSPITAL (If not in hospital, give street address) CANIGORIA AND AND AND AND AND AND AND AND AND AN	e IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) OP First Middle SUITH DATE OF DEATH 2	23 125°
\	MEGRO WIDOWED DIVORCED 4-16-1917 4 Tyrs Months	Doys Hours Min
_	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CI A 60 P 2 V 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	1.5. A.
	UNKNOWN UNKNOWIN	
	15 WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 DINGRMANT (Yes. no or unknown) 117 yes. give wor or datas of service) 266-48-4007 Grace OPher CAN	16 ridge
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary Heart Disease	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which {b	
	cause (o), stating the under DUE TO lying couse last, (c)	
Ì	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART OF THE PART OF	RT 1(0) 19 WAS AUTOPS PERFORMED? YES NO
	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour o. m. 19 While Nat while at work of work of work 19 of work	County) (Stat
	21. I certify that I attended the deceased from Dec 30 , 19 58, to Feb 23 , 19 59, that I alive an Feb 23 , 19.59 , and that death accurred atM, from the causes and an I	last saw the decea
	ACTUAL SIGNATURE M.D. 227 Pine St-Cambridge,	DATE SIG
1	PHYSICIAN'S J. Edwin Fassett, M.D.	
1	220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) BUNDAL 1, 1959 BAILEY TRA. AMARIAGO	(Stole)
7	23 FUNES 240 RECID BY REGISTRAR 246 REGISTRAR'S SI	1161



E DEATH

01844

			11	42	CERTI	FICA	ATE OF D	EATH	1		Reg. Dist. No	D	
	1. PL	ACE OF DEATH COUNTY	Dorches	ter	MARY	rLAND.	o. STATE	Mary]		ived. If institution b. COUNTY	Residence bef		
)	b.	CITY OR TOWN (If or RURAL and give near Rural—C	utside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b		•	,	te limits, write RUR	AL and give n	earest low	n)
	d.	NAME OF HOSPITAL OR INSTITUTION			address)		d. STREET A	DDRESS				ON A	SIDENCE A FARM? I NO [
	DE	AME OF CEASED ype or print)	Fir Lot	tie	Middle		Stan		4. DATE OF DEATH	Month Feb.	D	5,	Yeor 1959
		emale	Negro	WIDOWS		D 🔲	8. DATE OF BIRTH Sept 6.	190)1	lost birthdoy) 57 yrs.	UNDER I YEA Months Days	Hours	Min.
1	,	USUAL OCCUPATION during most of working HOLLS EWI ATHER'S NAME	life, even if retired)	KIND OF BUSINESS OF Housewife			chest	cer Co		US US	of what SA	COUNTRY
	15. W	Sa VAS DECEASED EVER II	U. S. ARMED FOR	ohns	SOCIAL SECURITY NO), 17, tr	VFORMANT		_	Jane Yo			
		NO III I	Enter only one co	-	None		Louise 1	longu	is, RF	D 2, Ca	mbrid	ge,	11d ETWEEN
		Conditions, if any, gove rise to imm cose (a), stating the lying cause last.	under: DUE TO	ge m	nemmon meral a ulliple	el de		ku			7. 2.	May May	158
٠	CERTIFICATION	PART II OTHER HEREIN On ACCIDENT WAS I	Tun Co	IR	CRIBE HOW INJURY O						IN PART I(o)	PERFC	AUTOPSY ORMED?
		DR CONTRIBUTING THE STATE OF THE STATE OF THE OF TH	CAUSE OF DEATH DICAL EXAMINER)		JURY OCCURRED		ACE OF INJURY ((County		(State)
	MEDI	Hour a.m. p.m.	19	While at work	Not while	foc	tory, street, office	blog., etc.					
1	A	R1. I certify that alive an Actual IIII	attended the	decease 19	and some	death	occurred at.			the causes and the city or town, sta			
	22 a. (HYSICIAN'S GAME (Type)	MES !	Jk.	100 mel	SO ETERY OI	R CREMATORY		22d LOCATIO	ON (City, town, or	county)	(Stal	te)
		REMOVAL (Specify) BUTIAL WERAL DIRECTOR'S	2/9/19	59	Salem I	Ceme	etery	24- 8501		hester		ld.	
	The	rberXIII	Helass			ride	re.Md.	DATE F	EB 1 3 5	3	المراورة الالثانا	OD-WATE	





VS A15 (4) 15M 10/57

LeCompte Funeral Service Maryland DATER Cambridge

24b. REGISTRAR'S SIGNATURE

(County)

e. IS RESIDENCE

Hours

Maryland

INTERVAL BETWEEN

PERFORMED? YES NO

(Stote)

(Slale)

12. CITIZEN OF WHAT COUNTRY?

A

Days

US

ON A FARM?

YES TO NO IN

19 59

24a REC'D BY REGISTRAR



2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO IN Month Year Day @ b 19 5 IF UNDER 1 YEAR IF UNDER 24 HRS P. AGE (In years lost birthdoy) Months Min 12. CITIZEN OF WHAT COUNTRY? Address Eastern Shore State Hospital records INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 🗇 (County) (Stote) e. b. 12 , 1959, that I last saw the deceased and that death occurred at 1.10 P.M. from the couses and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED **IIREC** prior PHYSICIAN'S Thomas J. Dredge FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, of county) (Stole) REMOVAL (Specify) CEMETER! RISFIELD MARYLAND . 15,1959 NUNNYRIDGE JURIAL o 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE RADSHAW 4 JONS RISFIELD MD DATE - 1 7 150

Reg. Dist. No

VS A1S (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ist.	No.		_	_			
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IFICA	ATE OF E	EATH	1			Reg. E	list. No	N 1 8	348
YLAND	2. USUAL RESH o STATE	Mary.			If institution, COUNTY		ches		sion)
IN 16	c. CITY OR I	OWN (If o	ulside corpo	orote lin	ils, write R	URAL one	I give no	earest fow	n)
	X	Fede:	ralsb	urg	- Rur	al			
	d STREET A		R.F.D	. #1				ON A	SIDENCE A FARM? NO []
	Las	1	4. DATE		Mon	th	D	Су	Year
nard	Whea	tley	OF DEATH		Febru	ary	1		19 59
ED 🔲	B. DATE OF BIRTH	1		9. AG					ER 24 HRS.
0	April 1	3, 18	86	7	2 yrs.	Manths	Doys	Hours	Min
OR INDUS	TRY 11 BIRTHPL			ountry)		12. C	ITIZEN	OF WHAT	COUNTRY?
r	Dorc	heste:	r Co.	Ma	rylan	d	U.S	.A.	
	14. MOTHER'S	MAIDEN N	AME						
	Eliz	abeth	Davi	В					
). 17. II	FORMANT		-		Add	(455			
M:	rs. Lucy	M. W	heatle	эу.	Feder	alsb	urg.	Md.	. RFD
.]	7 11	4.21					101	TERVAL BE	ETWEEN
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uf	alose						195	7-2	2.1-5,
ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CON	DITION GIV	EN IN PA	RT 1(0)	PERFC	AUTOPSY DRMED?
CCURRE). (Enter noture o	Finjury in P	ort I or Pai	rt II of i	tem 18)				
20e PL/ foc	CE OF INJURY (I lory, street, affice	lome, form bldg., etc	20f (Cit	y or low	n)		(County)	(Stole)
11	10/16	2 103/	-/-	1	910	than t	l loot a		deceased
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		Feder	alsbu	rg,	Meryl	and			
	CREMATORY				ity, tawn, c			(Stot	(e)
est (Ceme tery		Fed	lera	lsbur	g, M	aryl	and	
		240. REC'E	BY REGIS	TRAR	24b REGIS	STRAR'S S	IGNATU	RE	
Mary	land	DATE EF	BB ;	59	()	-3	0 40	.u.A	

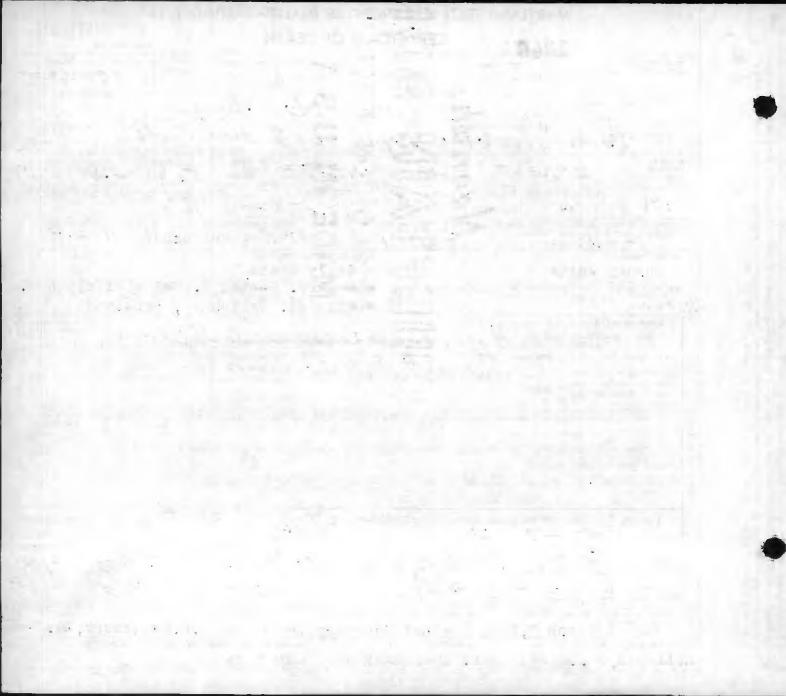
VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
	CEDTIFICATE	OE DEATH	

1846 CERTIFIC	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH DOTCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE hd., b. COUNTY Willowies
b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town). 34. 44	c. CITY OR TOWN (If outside comparate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION Castern Thoras Tale Hog	d. STREET ADDRESS Sobella FT. ON A FARM? YES NO STREET ADDRESS ON A FARM? YES NO STREET ADDRESS ON A FARM?
3. NAME OF DECEASED (Type or print) ERNEST ELIAH	WHITE 4. DATE Month 2 Day Year DEATH Feb 28 195
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 17-16-82 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) - armer -	USTRY 11. BIRTHPLACTIFION or foreign country) 12. CITIZEN OF WHAT COUNTRY? (Parsonsburg)
13. FATHER'S NAME Turner White	14. MOTHER'S MAIDEN NAME Emily Ennis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Mrs. Bertha E. White(Wife) 508 E. sabelia St. Salisbury, Maryland
Conditions, if ony, which gove rise to immediate couse (a), stating the under: Variable Variab	TO TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 200. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. 1	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State) actary, street, office bldg., etc.)
21. I certify that I attended the deceased fram from a clive on Ellis 27, 1959, and that dear actual signature and the signature of the signat	th occurred of 10. AM, from the causes and on the date stated above. ADDRESS (Street, city or gaven, state) DATE SIGNED TM.D. Examinating The Male Horge 7128/
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) BURIAL March 3.1959 Bethel Co	OR CREMATORY 22d. LOCATION (City, lown, or county) (State) emetery (Walston) R.D. Salisbury. Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	DATEAR 3 59 Carling & Kinesia



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the figure director, page 3 should be detached for use as the burial-transit permit. Then please remare carbon pagers. Pages 1 and 2 share filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

NAOMA

CERTIFICATE OF DEATH

			ř	4	L	0	C	1	
Pag	Dist	No							

					ueA.	D131, 140,	
1. PLACE OF DEATH b. COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (V	Where deceased live	b. COUNTY _	dence before o	
b. CITY OR TOWN (I	f outside corporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	THE WAY IN THE			V V M
RURAL and give ne	earest lown)		1.2			a give meater	
Cambr	AL (If not in hospital, give street	Life		ridge			
OR INSTITUTION		oagressi	d. STREET ADDRESS				S RESIDENCE ON A FARM?
408 F	Pine Street		408	Pine St	reet	Y	ES NO K
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day	Year
(Type or print)	Sarah	Emma	Young	OF DEATH	Feb.	28	19 59
5. SEX	6. COLOR OR RACE 7. MARI		8. DATE OF BIRTH	19. A		ER 1 YEAR IF	UNDER 24 HRS.
Warra 7 a			0 1 00	lo	st birthdoy) Months		ours Min.
Female	I DETO		Oct. 28,	1908	50 yrs.		
during most of work	ON (Give kind of work done 10b. king life, even if retired)					CITIZEN OF W	VHAT COUNTRY?
Labore	r	Food Packing		ter Cou	nty Md	USA	1
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Ç	Stephen Blak	e	R	losie H	orsey		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.		NFORMANT	0310 11	Address		
No. or unknown)	[If yes, give war or dates of service]	10 40 6440 E	Jannie Vanna	Comba	4200 1/2		
			Henry Young	Campr	rage, Ma		
	TH [Enter only one couse per li	-				INTERV	AL BETWEEN
PARI E DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary Thr	ombosis			app	S HY S
11.20	DUE TO						
Conditions, if o	nv. which)						
gove rise to in	mmediate (
lying couse lost.	the under-					,	
) (c)						
PART II. OIF	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE COI	NDITION GIVEN IN P.	ART 1(0) 119. Y	WAS AUTOPSY ERFORMED?
<u> </u>							ON 2
	AS UNDERLYING 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)		
	Y Month, Day, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	rm, 20f. (City or to	wn)	(County)	(Stote)
Hour o. m.	19 While of wor	Labit Autifiti	ctory, street, office bldg., et	tc.)			
			1 FO TO	- 3 C	DB E0		
	at I attended the deceas	ed from Septen	ber 152, 19F	epruarya	19. 27, that	I last saw	the deceased
alive an FO	ruary 28 19	27_, and that death	occurred at	M, from the	e causes and on	the date	stated above
	OLA U	0.		ADDRESS (Street,	city or town, state)		DATE SIGNED
ACTUAL	Waltas	104	M.D. 227 P1	ne St-C	amb. Md.	3	3-4-59
31GHATORE	7		M.D		*		
PHYSICIAN'S NAME (Type)	. Edwin Fass	ett,M.D.					
220. BURIAL, CREMATIO		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or county	1	(Stole)
REMOVAL (Specify)	3/5/1959	Bethel Cem	neterv	Cambr	idea Ma	rvland	4
23. FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S		-
Herbert	Wistelans	(Le Combanda		- 150			
-	- V-un	Cambride	ge, Md. MRR	9 29	arthur S. 1	Valle	

and the six of the same of the same of the same of . No. Office and the same BREAK TO STREET AND LABOUR TO A STREET The second color of the second second